

CLAIMS ONLY						Application Number <i>10709790</i>	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2		1					
3							
4		1					
5							
6		1					
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8		1					
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49							
50							
Total Indep							
Total Depend							
Total Claims							